

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

No 2508

SFUND RECORDS CTR

999000412

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESTLOCK CO. ☐ ☐ ☐ ☐ Code No.Pick up Address: 13244 So. Main L.A.  
(Number) (Street) (City)Telephone Number: (213) 327-2770 P.O. or Contract No.:Order Placed By: \_\_\_\_\_ Date: 8/26/78Type of Process which Produced Wastes: \_\_\_\_\_  
(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment         |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input checked="" type="checkbox"/> Oil <u>solids</u> |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud                |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand  |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Cannery waste               |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste                 |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water               |
|  | 15. <input type="checkbox"/> Brine                       |

☐ Other (Specify) \_\_\_\_\_ Code No.

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

|                | Upper | Concentration:<br>Lower | %                        | ppm                      |
|----------------|-------|-------------------------|--------------------------|--------------------------|
| 1. <u>None</u> | _____ | _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____       | _____ | _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____       | _____ | _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____       | _____ | _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____       | _____ | _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____       | _____ | _____                   | <input type="checkbox"/> | <input type="checkbox"/> |

## Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 50 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: \_\_\_\_\_ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): None

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY ☐ ☐ ☐ ☐ Code No.Business Address: 8655 So. Main Street, Los Angeles 90003  
(Number) (Street) (City)Telephone Number: (213) 759-6145 Pick Up: 7-26-78 Time: 5:00 PM  
(Number) (Street) (City) (Date)State Liquid Waste Hauler's Registration No. (if applicable): 118Job No.: 0509-1 No. of Loads or Trips: 1 Unit No.: A9Vehicle: ☒ vacuum truck 50 barrels, ☐ flatbed, ☐ other TANK (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES ☐ ☐ ☐ ☐ Code No.Site Address: 2425 GARFIELD MONTEREY PARK

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

## Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): \_\_\_\_\_
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_ Code No.

Disposal Date: 8/26/78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name \_\_\_\_\_

A029005